

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Group Art Unit _____

In re

Patent Application of

Louis R. Matson

Application No. _____

Confirmation No.: _____

Filed: January 26, 2004

Examiner: _____

I, Leslie Lindsay Smith, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.


Signature

January 26, 2004

Date of Signature

“SURFACE-MODIFIED BIOACTIVE
SUPPRESSANT SURGICAL IMPLANTS”

INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 CFR §1.97(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

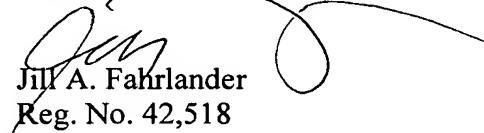
Sir:

The Examiner's attention is directed to the references which are listed on the attached Form PTO/SB/08A and/or PTO/SB/08B, copies of which are not being provided herewith because, pursuant to 37 C.F.R. §1.98(d), copies were previously submitted to, or cited by, the office in U.S. Serial No. 09/517,932, filed March 3, 2000, which is being relied upon for an earlier filing date under 35 U.S.C. §120.

Citation of these references is respectfully requested.

No concession is made that these documents are prior art, and Applicant expressly reserves the right to antedate the documents as may be appropriate.

Respectfully submitted,



Jill A. Fahrlander
Reg. No. 42,518

File No. 88293-9001-03

Michael Best & Friedrich LLP
One South Pinckney Street
P. O. Box 1806
Madison, WI 53701-1806
(608) 257-3501
Q:\client\088293\9001\B0307152.1

Please type a plus sign (+) inside this box →

PTO/SB/08A (10-86)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | | | | |
|--|---|-----------|---|-------------------------------|-----------------|
| Substitute for form 1449A/PTO | | | | Complete if Known | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | | | Application Number | |
| | | | | Filing Date | Herewith |
| | | | | First Named Inventor | Louis R. Matson |
| | | | | Group Art Unit | |
| | | | | Examiner Name | |
| Sheet | 1 | of | 1 | Attorney Docket Number | 88293-9001-03 |

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/08B (10-98)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | | |
|--|---|--------------------------|---|
| Substitute for form 1449B/PTO | | <i>Complete if Known</i> | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT | | | |
| <i>(use as many sheets as necessary)</i> | | | |
| Sheet | 1 | of | 1 |
| | | Application Number | |
| | | Filing Date | |
| | | First Named Inventor | |
| | | Group Art Unit | |
| | | Examiner Name | |
| | | Attorney Docket Number | |
| | | 88293-9001-03 | |

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.
DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.